



# COLLEGE OF THE MUSCOGEE NATION

P.O. Box 580  
Okmulgee, OK 74447  
918.293.5464  
Fax 918.293.5313

## APPLICATION FOR ADMISSION

Semester: \_\_\_\_ Fall 2006 \_\_\_\_ Spring 2007 \_\_\_\_ Summer 2007 \_\_\_\_ Fall 2007 \_\_\_\_ Spring 2008

New CMN Student ☐ Transfer Student ☐ Expected Major: \_\_\_\_\_

### Required Information:

Last Name	First Name	MI	Former Name	SS#	Date of Birth
Permanent Address	Street/R.F.D.	P. O. Box #		Marital Status: M <input type="checkbox"/> S <input type="checkbox"/> Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
City	State	Zip	County	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone # (Home)		(Work)	(Message/Cell)		
Emergency Contact Person	Address	Telephone # (Home)	(Work)	Email	
<b>ETHNICITY</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
H. S. Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>		GED <input type="checkbox"/> Date completed: _____			None <input type="checkbox"/>
Last high school attended (include address): _____					
Circle highest grade or degree completed: 8 9 10 11 12 13 14 15 16 Bachelors Masters Doctorate					
List all previous colleges and universities attended. Official transcripts will be required for credit transfer.					
Name	Address/City/State/Zip		Dates Attended From/To	Date Graduated	

☐ Directory Information: Under the Family Education Rights and Privacy Act of 1974, you may restrict the release of your directory information. The following items are considered directory information available to the public: name, address, telephone number, date of birth, dates of attendance, degrees and awards received, sex, marital status, major field of study, participation in officially recognized activities and sports, most recent previous educational agency or institution attended, parent/spouse/guardian name and address. No other information will be released to a third party, except as provided by law, without your prior consent (See OSU-Okmulgee's Release of Information Form). If you wish to restrict the release of the directory information items above, you must file a signed statement to that effect with the OSU-Okmulgee Student Services Office.

I declare that the information provided by me on this form is true, correct and complete to the best of my knowledge. I agree that the above information may be shared between CMN/OSU-Okmulgee, Bureau of Indian Affairs, my Tribe, and State/Federal programs. This information may include a copy of my grade transcripts. I further agree that the OSU-Okmulgee Bursars Office may endorse and deposit all financial aid checks issued and apply payment to my account. Any remaining amount would be refunded to me. I agree to report any outside scholarships received and funding sources to the OSU-Okmulgee Financial Aid Office.

Signature

Parent/Guardian (If under 18 years old)

Date